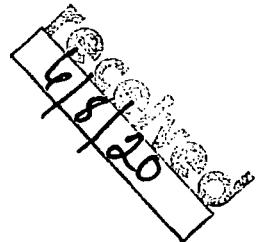


**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian



PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: June 8, 2020

Case Number: 20-117

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr. Andrea Gavarese (License #7254)

Premise Name: Banfield Pet Hospital

Premise Address: 2840 W. Chandler Blvd.

City: Chandler State: Arizona Zip Code: 85224-5224

Telephone: 480-814-7636

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Mary Ellen Batie

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Lycanne Batie (Banfield Client ID #AWTOAEQ)

Breed/Species: Siberian Husky Mix

Age: 7 years approx. Sex: Female (Spayed) Color: Black/Tan/Grey

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Dr. Andrea Savarese  
Banfield Pet Hospital  
2840 W. Chandler Blvd.  
Chandler, Arizona  
85224-5224  
(480) 814-7636

Dr. Dharti H. Patel  
Dr. Jarrod Butler  
Banfield Pet Hospital  
4609 E. Ray Road  
Phoenix, Arizona 85044-5044  
(480) 785-1010

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Employees at the above locations.

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Mary Ellen Batie

Date: 5-31-2020

**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

In my opinion, common sense and good judgment were not used in treating Lycanne. The veterinarian treating her on April 7<sup>th</sup> did not review Lycanne's past history, and made recommendations without that additional information.

Also, I do not feel that Dr. Savarese considered what interactions the medications (including the new dog food prescription) had on Lycanne's diagnosed illness.

In my opinion, the choices made that day contributed to the death of my valued companion.

Any information about Lycanne is in a central database that can be accessed by any Banfield location. (Attachment #5)

\* Don't understand why: <sup>①</sup> Lycanne was given a human opioid. <sup>②</sup> Lycanne was given an injection and pills of Cerenia (maropitant). <sup>③</sup> Lycanne was given Pyrantel Pamoate when she takes Tri Heart Plus (to prevent heartworm disease and to treat and control ascarid (roundworm) and hookworm infections in dogs) every month. (Attachment #3a, b & c)

In addition, my encounter with Dr. Savarese seemed representative of an "upsale" instead of a veterinarian/client/patient conversation.

Originally started on April 28, 2020 – Completed May 28, 2020

Priority Mail – Tracked and Insured

Banfield Pet Hospital Corporate Offices

Attention: Client Advocate Team – Kaylee, Supervisor

18101 S. E. 6<sup>th</sup> Way

Vancouver Washington 98683

RE: Complaint Regarding Care of Annabelle "Lycanne" Batie [REDACTED]  
by Dr. Andrea Savarese [REDACTED], on April 6, 2020 at the Banfield Pet  
Hospital, 2840 W. Chandler Blvd., Chandler, Arizona 85224-5224

To Whom It May Concern:

This situation has already been reported to Lisa at the Banfield Corporate Office; but to further clarify the incident, I am sending along my editorial for a complete review. When reporting the incident, I was assured that someone from the Client Advocate Team would contact me; **not so!** Instead, I was contacted by a Dr. Brown (refusing repeatedly to give a first name) and rather than investigation of the situation, it was a sixty-one minute phone call defending with explanations and excuses for why the visit/decisions made were handled the way they were.

This prompted another call to Banfield Corporate Office with Kaylee on the 24th, where I was given Dr. Brown's first name (Grace)(License #6997), and with a small amount of research finding out that she and Dr. Savarese were Alum's from the same University (Ross). **I was under the impression that the Banfield Team would conduct a fair and impartial review of my complaint!** Also, I had explained to your Dr. Brown near the beginning of our phone call that before Lycanne's illness, we had observed the "Vulnerable Stay at Home" guidelines even before they were implemented by the President and our Governor, not only because of my age (74 ½); but underlying health conditions, which include high blood-pressure, white-coat syndrome and a positive result from my colon cancer

screening test...with my primary-care physician (in September 2019) authorizing ninety-nine (99) visits to a specialist (Gastroenterologist). If she (Dr. Brown) is considered familiar with medical knowledge, practices and procedures, why did she continue the phone call after she realized I was getting agitated and upset with her responses/behavior?

In addition, later on April 24th, barely awake from my afternoon nap, I was contacted by Dr. Gabriel Franca ~~([REDACTED])~~, Banfield Biltmore Chief of Staff (according to Google); *but, I am not sure how/why he was prompted to call me.*

Every day, I listen to, not only the Presidents briefings and Facts Not Fear newscasts; but I also watch the individual governor's responses to the Covid 19 pandemic. The reasons are...to know what's happening and I'll probably never be able to read the full impact/truth about this event in a history book...*This Is History*...like never before in my lifetime. You hear the numbers daily and you might seem unattached unless it affects someone you know. Until...the other day when Governor Phil Murphy was showing pictures and telling stories of the people who had died in New Jersey and how it has impacted their families. Even though you didn't have any connection with their situation, you felt empathy for what those families were made to experience and the grief they must be feeling.

I took some pictures off my cell phone and am sending them with this letter, so whoever reviews this might have the same compassionate heart-felt sympathy for what I am going through now. (Pictures are included as Attachment #1)

**My grief is unrelenting!** Lycanne's roasted chicken, diced in snack baggies, still in the freezer. I've shut the door to her kennel with her dog blankets still in there. Lycanne's Kong bed is still in the middle of the kitchen near the table where I have to walk around it, as if she were still living here. All of Lycanne's toys are still scattered all over the den, exactly where she left them...NONE OF THEM HAVE BEEN MOVED. I keep her favorite collar with all her jingle tags near me at night; so if I wake up abruptly, by shaking it...I'm reminded...it's not just a bad dream.

Living alone, I never felt lonely and always felt safe...Lycanne was a wonderful companion, great room-mate and a predictable K-9 partner. She was even-tempered, gentle-natured with a sweet spirit, speaking in howls rather than barks...ask anybody! We have lots of kids in the neighborhood and whenever they'd ask if they could pet her, there was no apprehension in saying, "Sure, you can". When my son's bulldog (her nephew) would come to visit or stay with us for a few days, she was patient and showed no aggression towards him whatsoever...and he had failed Doggie Day Care! When I first rescued Lycanne (weighing 44 lbs.) *from someone who said he rescued her, but had exploited her,* she had a multitude of problems including separation anxiety; through Chandler Dogs 24/7 and \$2,077.00 (Attachment #2), she became socialized in dealing with others (everything and everybody).

After the virus erupted, we walked earlier or later, so no one would touch her, in case, they had germs on their hands/body that might be transferred to her fur. Later was cooler and she probably enjoyed it more! She liked to visit with "the doggie in the pool" (her reflection) and as long as I had full-view of her, it was acceptable; as soon as she moved, it was time to come in, she knew why! If she had to go out at night; I got up, put on my glasses, grabbed a flashlight, turned on the outside lights and went out with her. It became easier to sleep on the couch/loveseat (shorter distance than from the back bedroom), because she would get up several times during the night. Sometimes, we would watch Sgt. Preston of the Yukon with Yukon King (a husky that looked like her) 1:00 a.m., Lassie 2:00 a.m., The Incredible Dr. Pol, kennel award shows, watch or listen to DogTV and any other show/movie with her own kind. **We had a "Good Life".**

#### **Things that disturb me are:**

In my opinion, common sense and good judgment were not used in treating Lycanne. The veterinarian treating her on April 6<sup>th</sup> did not review Lycanne's past history, and made recommendations without that additional information. In my opinion, the **choices made that day** contributed to the death of my valued companion.

After Lycanne's death, in my research, it has astounded me to discover, guided by the doctor's notes, she (Dr. Savarese) was the ONLY ONE in that office that had a license! This was an individual who passed the Arizona State Veterinary Medical Examining Board test and was issued a license on 5-2-2019, less than one year ago. In their licensee directory of the ASVMEB, the VT/VA, R. Rodriguez and the CSC's, V. Rayos and T. Davis didn't have a license! SHOCKING FACT to me was that VT/VA (Vet Tech and Vet Assistant) (under the supervision of a Licensed Veterinarian) can literally perform the same functions (except diagnosis, prognosis, surgery, prescribe) as a Licensed Vet Tech. I consider that as "learning on the job", as opposed to entering the workforce as "qualified for the job". There are possibly lots of other jobs where this might be an acceptable practice; but not where living beings are involved.

Another disturbing fact is that Arizona is one of the states that do not require a Controlled Substance Registration Certificate and my dog was prescribed a Schedule IV Controlled Substance. Also, nowhere in the paperwork or on the prescription bottle did it list the Manufacturer or the extensive amount of information found in the original patent. Question: If you would not give this drug to a child, why would you give it to a distressed dog? Is there no other option?

Tramadol is now a controlled substance in all 50 U. S. states. The U. S. Drug Enforcement Administration (DEA) announced that tramadol classification was placed into Schedule IV of the Controlled Substance Act (CSA) effective August 18, 2014. The new scheduling applies to all forms of tramadol.

[www.drugs.com>article>tramadol-need-to-know](http://www.drugs.com/article/tramadol-need-to-know)

### Facts:

The Ray Road location was called first, but they could not see Lycanne until Tuesday (4-7-20) at 3:00 p.m. Then I called Chandler and they could see Lycanne at 4:00 p.m. Monday (4-6-20). I thought it was just the Fresh Pet that didn't agree with her; and like a small child, it was upsetting to her to get sick. I have beat myself up about that one decision and am living with the constant guilt; if I could

only turn back the clock and would have accepted that Tuesday appointment, the outcome might have been different.

At Chandler, first of all, it was a surprise and shock to me that Lycanne weighed what she did and I asked if all the Banfield scales were calibrated the same!

When Lycanne was taken in for her doctor's visit, I told the male nurse that she threw-up once on Saturday and once on Sunday and she was acting lethargic and told him what she had thrown-up was Fresh Pet dog food and reminded him that I had brought in a "potty sample". \*Also, I mentioned she needed her nails trimmed. (Note at end of letter) After making notes on the computer and telling me the things that were covered in my plan, mentioned it would be about \$69.00 and then took Lycanne with him.

When Dr. Savarese came in, she told me Lycanne had two issues, Pancreatitis and Diabetes. I told her, "I want to treat one thing at a time and I wanted a second opinion on the diabetes". She continued to tell me about cost of syringes and insulin and that to give Lycanne an injection, they would have to go ahead and charge me for the whole bottle. She told me about Lycanne getting worse and possibly going into seizures and offered me the brochure on the Emergency Clinic in Gilbert. Again, dealing with one thing at a time, the insulin injection and the purchase of insulin supplies were turned down. I asked about the results of specimen for worms, her response was as if she had forgotten something??? AND...as she walked out of the room, mentioning the bill would be about \$179.00.

When Dr. Savarese came back into the room, I asked her about the price difference, she explained it was for the medication, the injection for the pancreatitis and the pills. When the young man returned with Lycanne, I was given a prescription for dog food, a blue plastic prescription bottle with pills, and a box of pills and told now the total would be \$217.25. I told them I would have to go out to the car to get more money, took nothing with me except my purse, Lycanne and her water bottle. Immediately, took her to tinkle, offered her water and we walked to the car to get cash out of the console, walked back in and paid the bill. (Attachment #3) At my age, it's hard to maneuver with a big dog and lots

of separate things; he put all the "stuff" in a sack...then proceeded to help me find the new dog food. Reviewing those notes and the other drugs Lycanne was given, I have checked, Maropitant (Cerenia) treats the symptoms...not the illness...and it is for "acute vomiting". If the results were negative in her stool sample, why was she given Pyrantel because it is in the Tri-Heart Plus chewable she takes every month? (Those sheets are attached as #3a, b, and c) Note: At the bottom of 3a and 3b pages, it states: Plumb's Veterinary Medication Guides have not been reviewed by FDA Center for Veterinary Medicine.

They only had the huge bag of new food, not the smaller size I usually purchase; so I purchased cans of the new prescription dog food at the Petsmart check out. The food prescribed was Royal Canine Glycobalance; she had been eating Hill's Science Diet I/D as her main dog food and Hill's Science Diet T/D (usually small pillows) as treats for her teeth for the past six (6) years; which you need a valid prescription to purchase these foods at Petsmart. She also enjoyed "only" the red and army green morsels in Beneful and she would leave the rest; when I got tired of looking at it and her ignoring it...was deposited in the trash...we had always played that little game! After her death, I called Royal Canine and asked them what illness Glycobalance addressed; their comment was "diabetes"...Lycanne didn't like that dog food and didn't want any part of it, and why was that change in diet introduced now? In the medical notes, on page 7 of 8 (Attachment #4), it states that until I received "a second opinion", I declined treatment for diabetes, not once...but twice! **When did it happen that "no" stopped meaning "no"?**

In the doctor's comments section of that visit (reading it later), it was referenced by Dr. Severese that I fed Lycanne, " OWNER CURRENTLY FEEDING A VARIETY OF DIFFERENT TABLE SCRAPS, TREATS AND OTC PET FOOD...". (Attachment #4) This was a false and inaccurate picture of what my precious dog ate; and that can easily be proven. Truth is, like my previous dog and my grand-dog, I often purchased roasted chicken at Sam's or Safeway. Lycanne was NEVER given the skin and always the very first slices off the prime white breast meat, diced finely then offered with her I/D dog food, rice, or mashed/boiled potatoes, or by itself (depending on the time of day). I grew up less than middle-class and believe me I

know the full meaning of the term "TABLE SCRAPS"; and there is no correlation between the "first fruits" that Lycanne was served and table scraps!

Often, I called Lycanne "Doggie Mooch" because she always wanted a taste of whatever you were eating. Knowing the foods dogs aren't supposed to eat and realizing there is a great difference between "a taste" and "a portion"; never gave her anything that might have been harmful. On hot days, sometimes after a walk, I would give her cold Naturals green beans, Frosty Paws or Dogsters, (a couple of times, I made the frozen treats for her from the recipes found on the internet - all healthy ingredients), she was given either Healthy Joint or Total Wellness Vitamins, GNC Probiotics, Pet Botanics training morsels, Greenies for gum health and she drank bottled water, not city water. Lycanne had three dog beds (including the Top Paw orthopedic mattress she got for Christmas), flannel sheet set for her big dog bed that can be washed and disinfected, two kennels, her own set of peach depression glass plates/bowls plus numerous ceramic dog bowls (one saying "Dogs Laugh with Their Tails"), two laundry baskets full of toys and an unimaginable amount of hand-made dog blankets. Lycanne was not treated as Dr. Savarese implied and it was taken as a personal affront for her to infer my dog was not receiving the best care possible.

Since we are on the subject of that visit, why was Lycanne given an Opioid (Tramadol) strong dose for pain (usually used for post surgery), I never mentioned Lycanne having any sort of discomfort and in the examination it states: (page 6 of 8 medical summary report) (Attachment #4) Also, I don't understand why she was given such a strong dosage?

Gastrointestinal: No abnormalities noted.

Abdominal palpation: Soft, non painful. No palpable masses or abnormalities.

On the call with Dr. Grace Brown, I told her about the article in the January issue of National Geographic regarding Tramadol possibly being harmful to dogs, she expounded on the fact that they used Plumb's. Comment: Unless their latest volume of Plumb's was published recently, data changes! Plumb's print-outs being Attachments #3a, b and c! AND, if Dr. Savarese would have checked

Lycanne's history, it would have revealed she was usually given Rimadyl (a liver smelling chewable – similar in smell to Charlee Bear Dog Treats). (Attachment #5)

I had not seen the doctor's notes (Attachment #4) before and it was commented, in passing, to the Ray Road Banfield that, "I didn't understand the medication because it had the same side effects as the symptoms I'd reported, how would I know if she (Lycanne) was getting better?" In addition, some of the side effects for Tramadol sounded a lot like what Dr. Savarese had described as diabetic seizures, signs that Lycanne needed to go to the Emergency Clinic.

Also, on Page 7 of Dr. Savarese's notes, Lycanne's prognosis was described as: **Guarded** (fair with treatment) AND, in the FYI papers I **did receive** (Attachment #3), it stated in those pages that caution should be used in giving this product (Pyrantel) to a debilitated (weak or infirm) pet. When Dr. Brown was arguing in defense of the choices made, her comment for the Pyrantel was...that it was in her (Lycanne's) plan. Lycanne's plan is renewed every July - this was early April, she had been given a dose of this medication on November 30<sup>th</sup>.

On Wednesday - April 8<sup>th</sup>, I asked Jessie at the Ray Road location to print out the doctor's notes from the April 6<sup>th</sup> and November 30<sup>th</sup> visit to Banfield and made an appointment for 2:00 p.m. (just in case I could not be seen at 1<sup>st</sup> Pet). I had decided to take Lycanne to 1<sup>st</sup> Pet Emergency Clinic because she had not eaten since Tuesday morning and she wasn't eating her new dog food. Then I loaded Lycanne in the front seat, because it was lower, stopped at Banfield for the notes (I called Jessie and she brought them out to the car), then we headed for 1<sup>st</sup> Pet.

I was familiar with 1<sup>st</sup> Pet, I purchase my son's dog food there and this was where Rio (Lycanne's nephew) had two surgeries and spent eight days in their hospital. I was the co-signer on the \$8,695.00 bill which I helped my son pay-off in a timely manner. The "Covid 19 virus" procedure instructions was posted on their glass entry door, I dialed the number on the sign, they told me it would be \$140.00 for the visit, asked me what space I was parked in and mentioned "my car was my room". While parked, I observed an employee go out to a car and bring in a pet

carrier, the pet parents were evidently not allowed inside (same procedure as the hospitals observe).

When the nurse came out to my car with her clipboard, I gave her the notes from Banfield for her to understand the reason for my concern, and mentioned I had made a 2:00 p.m. appointment with (Banfield) as a "back-up plan". Lycanne was in the passenger's front seat and the nurse evaluated her from the driver's side of the car, never coming in contact or in close proximity of Lycanne. (Triage notes were made by Corvanda Cooley; I assume the young lady who came to the car). She told me to give Lycanne boiled chicken and rice and go ahead and keep the 2:00 p.m. appointment with Banfield...Lycanne was not physically examined by her or the Veterinarian at 1<sup>st</sup> Pet. (Attachment #6) I asked her if there was a charge for her evaluation, she said "no". Comment: Corvanda Cooley is not listed in the ASVMEB Licensee Directory either; yet in my opinion, because Lycanne never actually saw a veterinarian, the fact...we were dismissed...I considered this "a diagnosis".

We left 1<sup>st</sup> Pet at approximately noon and I stopped off at El Pollo Loco on Ray Road and purchased one raw chicken breast to take home and boil with rice, as instructed; and let Lycanne rest before her next vet visit.

Arriving shortly before 2:00, Lycanne was checked over and Dr. Patel told me to stop giving Lycanne the Tramadol\*\* and stop feeding her the new dog food and go back to feeding her the Hill's Science Diet I/D, but get the canned, mix it with water, microwave it and make it like a stew. Dr. Patel told me literally the same thing the Medical Summary Report April 8<sup>th</sup> (Attachment #7) said about treating the Pancreatitis issue first before tackling the diabetes. Lycanne was given a B-12 shot and I made an appointment for the following Monday (4-13) for a follow-up visit. \*\*Note: Even if Lycanne was not given Tramadol after that (approximately Wednesday afternoon), it would possibly stay in her system for another 24 (although effects can be longer in pets with liver or kidney disease) to 72 hours, according to Healthline and VCAhospitals.

Dr. Patel (License #6702) gave me the Banfield Pet Hospital Information Sheets on Pancreatitis and Diabetic Dog; on the latter page under the heading, "How will the doctor treat my diabetic dog?" is the following first sentence:

*After confirming the diagnosis and determining if your dog has any other health concerns, your Banfield doctor will most likely begin treatment with a diet change and insulin injections.* (Pages included with Invoice #182756 notes dated 4-8-20 as Attachment #8)

In addition, on that invoice (April 8 – Page 1, same as above) where it lists Lycanne's Exam Results, *the findings outside the normal range was "Abnormal Nail"* Recommendation: Discuss general nail care with your medical team. Does that mean the \$15.29 for the Pedicure invoiced by Banfield two (2) days earlier was a sloppy job or that Dr. Savarese didn't check the work of her office staff...since they are working under her supervision?

Morning of Thursday-April 9<sup>th</sup>, Lycanne still was not eating anything, even tried a coaxed method using a small plastic baby (cocktail) spoon. As soon as Banfield on Ray Road answered the phone, kept calling until I reached a person, I told them I was bringing Lycanne in...giving them no opportunity to tell me about appointments! When I arrived I mentioned the IV fluid hospitalization Dr. Patel had talked about, I was told the hospitalization and care would be \$350.52 and they agreed to give me updates intermittently by phone...the nurse did! When they called, if they suggested something else be done, I agreed; but I don't remember them asking about treatment for the diabetes! By the end of the day, my bill was \$525.65; and when I picked Lycanne up that day, we talked about how to approach Friday and that Dr. Butler would be the one talking to me tomorrow. In the notes I received with the statement, it showed Lycanne still weighed the same. Under EXAM RESULTS, stating: Congratulations! Your pet's health appears to be normal in all of the following areas: It mentioned Urinary/Reproductive and nine (9) other areas...so I assumed the urine tests (shown above that) were O.K. (Attachment #9) (Medical Summary Report for April 9<sup>th</sup> – Attachment #10)

That night, Lycanne was still not eating, and if you tried to force feed her, she'd keep it in her mouth only as long as you kept her muzzle closed...that seemed unkind; the eyedropper/food injector method didn't work either. I boiled potatoes mushy and boiled rice with chicken and gave her the water from those in addition to straight water, so she would be offered/getting some nutrition.

Friday, April 10<sup>th</sup>, Lycanne again was offered food for breakfast, but was not forced to eat, as not to increase her level of anxiety before leaving for Banfield. We arrived at Banfield shortly after 8:00 a.m., and it was my understanding that this day would be a repeat of yesterday (intensive care). (Attachment #11)

Dr. Butler (License #4146) recommended that I take Lycanne to the Arizona Veterinary Emergency Clinic in Gilbert (same one that Dr. Savarese gave me the brochure for on Monday); despite the fact that on the Banfield Ray Road recording before hours of operation, stating: "If this is an emergency, please call 1<sup>st</sup> Pet Veterinary Center in Chandler! Because I had been turned away from 1<sup>st</sup> Pet once that week, I was somewhat apprehensive at Lycanne not being admitted, again. I have lived in Arizona for twenty (20) years and I never remember going to Gilbert. I wasn't familiar with that area; plus leaving at that time, it would be dark by the time we got there or when it was time to go home. I can't see well to drive at night!

At the time, my thoughts were to go home, let Lycanne rest, try to feed her, read the paperwork and come up with a plan. In the notes from Lycanne's Exam Results congratulating me on all the area's where my pet's health appears normal, included with the eleven other areas was "General Assessment". If all those are correct, why am I being prompted to take her to an emergency clinic? (Attachment #12) Dr. Butler had mentioned feeding her pumpkin, couldn't find pumpkin in April so I purchased organic baby food that had pumpkin, apple and carrot. This was a squeeze pouch and I could stick it between her teeth and close her mouth; the next morning my neighbor made a run to Safeway for two more. I pureed rice, chicken and yogurt...thinking the cold would feel good on her mouth. Made her dog food like pudding and used the baby spoon. It was almost like she

resented me for wanting to help her. That weekend I slept for only two or three hours; Lycanne wagged her taped-up tail seven times when talking to her in the "the doggy voice"; but she wasn't herself. Past that, I've tried repeatedly to talk about it/explain it/relive what I did right/what I did wrong; but, cannot continue!

The content of this letter might seem somewhat disjointed because it was completed at many different/separate sittings; continually thinking...if the present environment would have been normal, perhaps the overall outcome might have been different. These past six weeks have been more "what if's" and "why's" than ever in my lifetime; and I was supposed to go first!

If granted only that one week as a do-over, using what I know now, my choice would have been/should have been to go back to 1<sup>st</sup> Pet on Thursday morning (April 9<sup>th</sup>) pleading and begging them to see Lycanne; then...if necessary, in desperation offering them twice their fee just to examine her.

It is of great concern to me that the **Banfield Client Advocate Team has done nothing** and the names Kaylee gave me on 4-24-20, (Erin Robinson, Director of Veterinary Quality for the Arizona East Market and David Sutliff, Field Director of Arizona East Market) **have made NO EFFORT to contact me.** Banfield has totally "dropped the ball" on this situation and if they think that by doing nothing, it's just going to disappear, **not so!** The last paragraph of page 2 is still "my normal"! If my health holds out and with all the time available to me even after the rest of the country re-opens, I am confident that because of the many letters I plan to write, answers will be produced to act as closure for this horrendous event that has adversely changed the remainder of my limited life.

If you have any questions, comments or need additional documentation (paper records) as proof of any statements that were made, please feel free to contact me at the numbers below.

Looking forward to your full cooperation in this matter and respectfully awaiting your reply,

MaryEllenBatie

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

email address: [REDACTED]

**\*Note:** Jaime, Lycanne's normal groomer at the Ray Road location was leaving PetSmart to concentrate on school; and the last time she groomed her, she wasn't able to trim Lycanne's nails. When I called to make an appointment for her (Furmanator Package) in February, the "B" named person (Brittney, Brandy, Bethany, Brenda,) I talked with said, "No one was willing to do her" (Lycanne) and REFUSED to make an appointment! I told her, "I don't understand because I always tipped well (20%) and Jaime had never mentioned grooming Lycanne to be a problem". Again, she REFUSED to book an appointment!

May 29, 2020

Certified #7018 2290 0001 9933 3043

Arizona State Veterinary Medical Examining Board  
1740 W. Adams Street, Suite 4600  
Phoenix, Arizona 85007  
Attention: Tracy Riendeau

RE: Complaint Regarding Care of Annabelle "Lycanne" Batie [REDACTED]  
by Dr. Andrea Savarese [REDACTED] on April 6, 2020 at the Banfield Pet  
Hospital, 2840 W. Chandler Blvd., Chandler, Arizona 85224-5224

Dear Ms. Riendeau,

I have filled out the complaint form and am including it with the letter and documentation mailed to Banfield Pet Hospital Corporate Office. I realize that my letter is somewhat lengthy in substance; but this has become an ongoing healing process, gaining research and knowledge trying to better understand it all.

Any cooperation you might offer will be gratefully appreciated.

Respectfully,

*Mary Batie*

Mary Ellen Batie

[REDACTED]

[REDACTED]

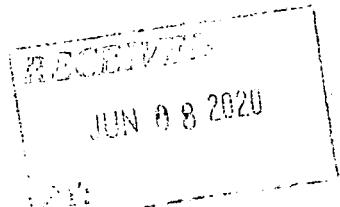
(Cell)

[REDACTED]

(Residence)

email address: [REDACTED]

*Note: 2 letters to you!  
1 of 2*



June 2, 2020

Certified #7018 2290 0001 9933 3043

Arizona State Veterinary Medical Examining Board  
1740 W. Adams Street, Suite 4600  
Phoenix, Arizona 85007  
Attention: Tracy Riendeau

RE: Complaint Regarding Care of Annabelle "Lycanne" Batie [REDACTED]  
by Dr. Andrea Savarese [REDACTED] on April 6, 2020 at the Banfield Pet  
Hospital, 2840 W. Chandler Blvd., Chandler, Arizona 85224-5224

Dear Ms. Riendeau,

This additional complaint/charge is not against Dr. Andrea Savarese; but I am including it with this correspondence, since it is part of the documentation.  
(Attachment #9, #10, #11 and #12)

This involves the Banfield Pet Hospital on Ray Road that treated Lycanne, when she was perceived to be in intensive care. In reviewing/highlighting, what were thought as important parts of the documentation, I noticed discrepancies that are not understandable to me.

On Invoice #182777 dated April 9<sup>th</sup>, (Attachment #9) and on Invoice #182829 dated April 10<sup>th</sup>, (Attachment #12), halfway down the page for both days; itemized care shows Lycanne was given **Humulin R (Regular) Insulin Injection, per unit**, (5 on the 9<sup>th</sup> and 6 on the 10<sup>th</sup>).

In the Medical Summary Report dated April 9<sup>th</sup>, (Attachment #10) on Page 8 of 9 under heading of Exam, it shows Lycanne was given **Vetsulin 5 units, IM right rear @ 1:57** and **Vetsulin 3 units, IM left rear @ 4:00**.

In the Medical Summary Report dated April 10<sup>th</sup>, (Attachment #11) on Pages 5 of 7 there is a phrase stating, **"will attempt to force feed prior to giving insulin (only have vetsulin)"**. Further down the same page is a phrase stating, **"gave 6U**

2 of 2

**Vetsulin (entered as Humulin R for invoicing purposes)".** On Page 6 of 7 under the heading Exam, it shows Lycanne was given at 1:47 – 6 units vetsulin IM right rear leg. Further down under Client Education, notes in parentheses are (unlikely to control using Vetsulin).

I have Googled these drugs and while they are both used as insulin for dogs, one is not another name for the other, they are two different drugs. Doesn't it say somewhere in the Arizona Revised Statutes of the ASVMEB and on the FDA website that veterinarians are supposed to keep accurate records?

Even if I would have taken Lycanne to an Emergency Clinic directly from Banfield on Friday; the only updated information I would have had to show them would have been my invoice. This would have been a distorted picture of what she had been given that day!

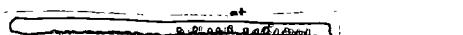
In the Wednesday visit of April 8<sup>th</sup>, an appointment was then set-up for April 13<sup>th</sup>, not realizing we would be there on the 9<sup>th</sup> and 10<sup>th</sup>. After I called Monday morning to cancel that appointment, later in the day, I tried to get into my account with no luck. The next day found someone at Banfield Corporate who was willing to retrieve the doctor's notes and she emailed them to me. That's how I ended up with the Medical Summary Reports for those days.

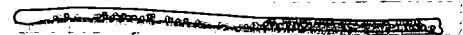
Thank you, in advance, for letting me share my thoughts with you.

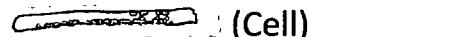
Sincerely,

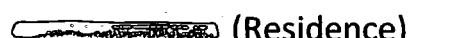


Mary Ellen Batie





 (Cell)

 (Residence)

email address: 



Easter 2020

Attachment #1



Christmas 2019



Easter 2019



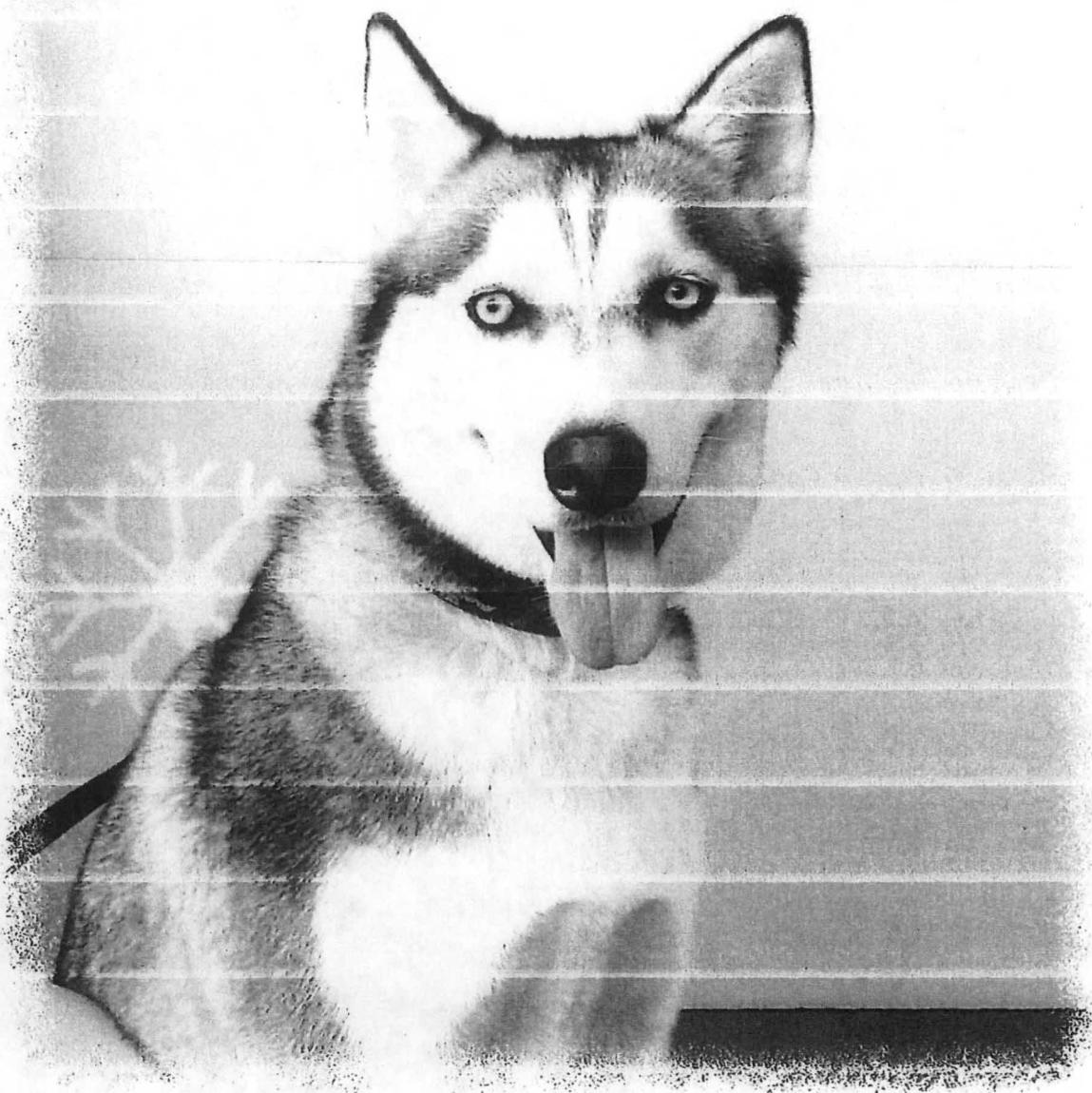
Jane Blowing in "her favorite  
position"



Christmas 2016

Christmas 2018





PETSMART  
Photo Collection

Christmas 2014

July 14, 2014

Dear Chandler Dogs 24/7 Caregivers:

Lycanne is a rescued dog!

I have had Lycanne exactly one week yesterday! She gets stressed if she thinks she has been left behind/alone. **Last week in her evaluation, I think they kept her in the hallway, which was good...she could see someone at all times.**

Reminder: She is not yet spayed, but am planning on taking care of this as soon as her red blood cell count is up and she puts on a few pounds (possibly by the end of this month or the very first of August).

Lycanne has had vet visits July 7<sup>th</sup> and 10<sup>th</sup> and we have another scheduled for this afternoon. On the 7<sup>th</sup>, they ran every possible test on her and all were negative. She has had all her initial vaccines. She has been given flea and tick medication and has had a bath/brush Monday 7-7 and Sunday 7-13.

I have observed she seems to tire easily and will sleep for hours; this is good because it's allowing her little body to get stronger. I've included the towel she was laying on last night and the t-shirt I had on yesterday for her to lie on. If allowed to sleep, check on her every 20 or 30 minutes. Please make sure she gets plenty of water when she is awake. Also, there is a pumpkin and rice snack and a small amount of dog treats, no more than 2 or 3 at a time.

Vacation Bible School is a big community outreach for our church and I have volunteered for this project since 2001; otherwise I would probably not be leaving Lycanne so soon after getting her. This Monday will possibly be the longest day, need to be there today at 8:30. It should end at 12:00 noon and as soon as the infants/toddlers of the workers are picked up – I'll head this direction.

If for some reason, you need to talk with me, call my cell [REDACTED] or call the church office at [REDACTED] [REDACTED] to get Penny Wilson, the Ministry Assistant and she can deliver the message.

Thank you for caring for my new dog.

Mary Ellen Batie

September 10, 2014

## Dear Chandler Dogs 24/7 Caregivers:

Last night when I picked Lycanne up from your care, **it was an unexpected disaster**, and one I do not want to relive tonight!

Lycanne was spayed last week, after me spending two months trying to get her in good health so she would survive the operation. She was reevaluated in age and is considered as just one year one month. For her being so young, she has evidently been through much trauma in her short life and the unhappiness she is feeling right now has brought back remembrances of her past. She has had a litter of puppies sometime before I got her and they were probably taken away, now she is going through the grieving process all over again. The awful cone should come off tomorrow afternoon, so until then, **if you will please be understanding and considerate of my requests:**

Please put her, her pillow and her family (stuffed toys) in a quiet area.

Please DON'T take off her cone, her collar or her leash!

Please DON'T try to interact with her...she is unhappy and will possibly snap at you. This is not her normal behavior and I'm sure it will pass in a short time.

She will only be with you for approximately 4 – 5 hours, I have fed her at home and you only need to offer her a small amount of water once...in her dish (holding the bowl), then remove it from the room. She can see your hand through her dish and will trust you.

When I come to pick her up, distract her momentarily, pick up her fox and offer it to her, lead her out with the end of her leash, then go back and get the rest of her toys. If she doesn't feel threatened, she will be **"no problem"**. Last night, I arrived here about 9:15 p.m. and it took me until 10:55 to calm her down enough for her to sleep.

Thank you, in advance, for your expected cooperation.

Mary Ellen Batie

Arizona State Veterinary Medical Examining Board  
1740 W. Adams Street, Ste. 5600  
Phoenix, AZ 85007

Re: 20-117, In Re: Andrea Savarese, DVM

Dear Veterinary Investigations Division:

In response to Ms. Batie's Complaint filed May 31, 2020, I am providing my signed, narrative account of my single visit with Lycanne, Ms. Batie's female Husky, that occurred on April 6, 2020. I am also including the medical summary report for Lycanne's April 6 visit with me, as well as the three subsequent visits with other Banfield veterinarians at the Ahwatukee branch, and a list of Names/Contact Information to assist in your review of this Complaint.

**April 6, 2020 Office Visit Examination:** On Monday, April 6, 2020, Lycanne presented with indications of lethargy. Upon examination, Ms. Batie, her owner, reported the following subjective history: Lycanne vomited twice (Saturday and Sunday); she was not eating her favorite "stuff"; she had lost 10 pounds, and that she would not eat her regular food (Hill's T/D and I/D). When Ms. Batie gave her FreshPet, Lycanne vomited. Ms. Batie then gave her chicken breast and Lycanne ate it.

When I examined Lycanne, she was alert, mobile, and responsive and appeared to be stable.

The following abnormal findings were noted in the medical record:

Overall Condition:	Body Condition Score – Overweight
Coat and Skin:	Nail – Too Long
Oral/Nasal:	Tartar on Teeth – Found

Additionally, blood work indicated the following abnormal results:

Canine Pancreas-Specific Lipase	Positive
Lymphocyte, %	Below NL
Neutrophil, %	Below NL
Albumin (ALB)	Above NL
Cholesterol (CHOL)	Above NL
Glucose (GLU)	Above NL

RECEIVED  
JUL 09 2020

After a comprehensive examination, my assessment of Lycanne indicated the following:

- Vomiting, conservative
- Overweight
- Dental Calculus
- Diabetes mellitus
- Pancreatitis

In conducting my examination, assessment, and treatment of Lycanne, I had access to and utilized Lycanne's medical records from her prior visits at Banfield's other branches. At all times in my examination and treatment of Lycanne, I considered Lycanne's medical conditions and the potential for adverse drug interactions.

**Use of Pyrantel Pamoate:** Because Lycanne presented with gastrointestinal signs, I checked for intestinal parasites as a differential. A fecal exam was performed at this time. I dewormed Lycanne with Pyrantel because, typically, adult animals are dewormed with Pyrantel twice a year when they are seen for their comprehensive exams. Pyrantel is a very common dewormer. As Pyrantel is included in Banfield's Optimum Wellness Plan, it is used for deworming. Even though Lycanne was taking TriHeart Plus at home, I still dewormed her with Pyrantel (as I would do in all similar situations) as I can never be sure that an owner is compliant with medications given at home.

Moreover, Lycanne was not debilitated during my exam. Lycanne was alert, mobile, and responsive, and therefore giving Pyrantel was not dangerous. Pyrantel was mentioned and approved of when we presented Ms. Batie with our initial treatment plan. At that time, it was explained that the treatment plan may change and have additional items added based on the results of the diagnostics we were performing which would change the initial price quote.

**Diagnosis of Pancreatitis:** When I delivered the first diagnosis of pancreatitis to Ms. Batie, and explained the pathophysiology behind the disease, she mentioned a list of the things she feeds Lycanne on a daily basis. This list included ice cream, scrambled eggs, Beneful dog food, as well as other miscellaneous food items. I explained that, with pancreatitis, diet can significantly influence the disease process, and I strongly recommended only feeding Lycanne the prescription diet of Glycobalance that I gave her script for.

**Diagnosis of Diabetes mellitus:** I then discussed the diagnosis of diabetes mellitus with Ms. Batie. After explaining this diagnosis and offering treatment options such as starting insulin therapy, Ms. Batie told me there was no possible way she would feel comfortable giving her animal injections. This is often a comment that owners make, and I spent time

going through the process of what giving insulin would entail in effort to make Ms. Batie more comfortable with the process.

The treatment plan was adjusted to include insulin and supplies needed to begin treatment. Ms. Batie asked if she could just perform a diet change to manage the diabetes. I explained that typically, in dogs, diet alone does not treat the disease from my experience, though that would be a step in the treatment and discussed with her the use of the glycobalance diet. I strongly recommended that Lycanne be started on recommended injectable insulin therapy. Ms. Batie, at this point, declined any therapy for diabetes mellitus, and requested to only treat the pancreatitis, try a diet change for diabetes, and requested a second opinion.

I fulfilled Ms. Batie's request by discussing the revised treatment plan, which now only included (1) pancreatitis treatment and (2) prescription food; Ms. Batie approved of this treatment plan. In addition, I explained that hyperglycemia can become a medical emergency and discussed the clinical signs of what to watch for if the pancreatitis or diabetes is worsening. I provided Ms. Batie with a brochure to Arizona Veterinary Emergency & Critical Care (AVECC), which is the emergency clinic I refer clients to, and which is listed on our hospital voicemail and welcome sign.

**In-office Treatment of Pancreatitis:** Typically, my pancreatitis plan, if the animal is stable, which Lycanne appeared to be at the time of exam, includes pain control, subcutaneous fluids, Cerenia (maropitant), diet change, and fasting with re-feeding instructions explained to the owner.

**Use of Tramadol for Pain Control:** I prescribed Tramadol for Lycanne for pain control. I chose to prescribe Tramadol rather than a non-steroidal anti-inflammatory in this case because, in my professional experience, I have had numerous animals with pancreatitis also have liver, gallbladder, and other abnormalities. Given the effect that NSAIDS can have on those organ systems, I try to avoid using them when possible during treatment. (See Plumb's carprofen information, below.)

Using Tramadol for dogs is an appropriate extra label use. (See Plumb's Tramadol, information, below.) Lycanne was prescribed Tramadol 50 mg tablets to be given orally every 8 hours as needed for pain. The maximum dose acceptable mentioned source is 275 mg by mouth every 8 hours, and Lycanne's prescribed dosage was well below that amount and would not have been considered an "over-dose."

**Use of Cerenia:** Cerenia is prescribed to control nausea in dogs. Typically, I use the injectable form at the time of the visit to allow for fast relief of symptoms, so that

eliminating nausea and/or vomiting will allow the owner to then be able to give the Cerenia tablets at home to continue treatment. I provided a Cerenia injectable for 3.0 ml SC in the office and prescribed Cerenia tablets (60 mg to be given once a day for four days).

**Conclusion:** As with any animal, I am very sorry to hear of the passing of Lycanne and my thoughts are with Ms. Batie during this difficult time. When I reflect back on the visit on April 6, 2020, I feel that I offered Lycanne the best treatment plan available, but as with any case, it is ultimately the owner's decision of how they choose to proceed with a treatment plan and care upon discharge from the clinic. This was my only encounter with Lycanne, and it is my understanding that other doctors and clinics were involved with Lycanne's care after April 6, 2020.

Sincerely,



Andrea Savarese, D.V.M.

Attachments:

- 4/6/2020 Medical Summary Report
- 4/6/2020 Optimum Wellness Plan Comprehensive Exam Report
- 4/8/2020 Medical Summary Report
- 4/9/2020 Medical Summary Report
- 4/10/2020 Medical Summary Report
- 4/22/2020 Medical Summary Report
- List of Names/Contact Information

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Adam Almaraz - Chair  
Amrit Rai, DVM  
Cameron Dow, DVM  
Brian Sidaway, DVM

**STAFF PRESENT:** Tracy A. Riendeau, CVT - Investigations  
Marc Harris – Assistant Attorney General

**RE:** Case: 20-117

Complainant(s): Mary Ellen Batie

Respondent(s): Andrea Savarese, DVM (License: 7254)

#### **SUMMARY:**

Complaint Received at Board Office: 6/8/20

Committee Discussion: 11/3/20

Board IIR: 12/9/20

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised  
September 2013 (Yellow)

On April 6, 2020, "Lycanne," a 7-year-old female Siberian Husky mix was presented to Respondent for vomiting, inappetence, lethargy and weight loss. Respondent evaluated the dog and performed blood work. Blood results revealed the dog had pancreatitis and diabetes mellitus; Respondent recommended starting the dog on insulin and feeding the dog a prescription diet.

Complainant declined the recommended diabetes treatment and only wanted to treat the dog's pancreatitis at that time. The dog was discharged with medications and a prescription diet.

On April 8, 2020, the dog was presented to a different Banfield location due to not eating. Diagnostics were declined and the dog was discharged after receiving treatment.

On April 9<sup>th</sup> and 10<sup>th</sup>, 2020, the dog was returned to Banfield each day for hospitalization, diagnostics and treatment. Referral to an emergency facility was declined.

It was later reported that the dog died at home.

**Complainant was noticed and appeared telephonically.**

**Respondent was noticed and appeared telephonically. Attorney Jay Jacobson appeared telephonically.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: Mary Ellen Batie
- Respondent(s) narrative/medical record: Andrea Saravese, DVM
- Consulting Veterinarian(s) narrative/medical records: Banfield Pet Hospital (Ahwatukee location)

**PROPOSED 'FINDINGS of FACT':**

1. On April 6, 2020, the dog was presented to Respondent for lethargy and vomiting twice over the weekend. Complainant further reported that the dog had lost approximately 10 pounds and was not eating her favorite food. Upon exam, the dog had a weight = 64.6 pounds, a temperature = 100 degrees, a heart rate = 120bpm and a respiration rate = panting. Respondent noted that the dog was alert, mobile, responsive, and appeared stable. Respondent recommended blood work which was approved.

2. Abnormal blood results are as follows:

Canine Pancreas Specific Lipase	Abnormal
ALKP	309 (23 – 212)
CHOL	379 (110 – 320)
GLU	351 (74 – 143)

3. Respondent discussed her findings with Complainant explaining the dog has pancreatitis and diabetes mellitus. She recommended starting the dog on insulin and feeding the dog a prescription diet, Glycobalance. Complainant relayed to Respondent that there was no way she would feel comfortable giving the dog injections therefore Respondent spent time with Complainant going through the process of what giving insulin would entail in attempts to make the pet owner more comfortable with the process.

4. Complainant asked if she could just perform the diet change to manage the diabetes. Respondent explained that in dogs, diet alone does not treat diabetes and strongly recommended injectable insulin therapy. At this point, Complainant declined any therapy for diabetes mellitus and requested to only treat the pancreatitis; try a diet change for diabetes and requested a second opinion.

5. Respondent revised the treatment plan for pancreatitis treatment and prescription food; Complainant approved. Respondent explained that hyperglycemia can become a medical emergency and discussed the clinical signs of what to watch for if the pancreatitis or diabetes worsens. Information regarding a 24 hour emergency facility was also provided to Complainant.

6. The dog was administered Cerenia 3mLs SQ and Pyrantal 50mg/mL, 6.4mLs orally (fecal negative). The dog was discharged with:

- a. Cerenia tablets 60mg, 4 pack; give one tablet every 24 hours for 4 days;
- b. Tramadol 50mg; 42 tablets; give 2 tablets every 8 hours for 7 days;
- c. Prescription: RC Canine Glycobalance; and

d. Recommendation to return for insulin therapy when ready.

7. The following day, the premises left a message with Complainant to check on the dog.

8. On April 8, 2020, the dog was presented to Dr. Patel due to anorexia and difficulty medicating. Dr. Patel understood the dog had been diagnosed with pancreatitis and increased glucose. Dr. Patel examined the dog and noted the dog was stable and not painful upon abdominal palpation. Per request, Dr. Patel assisted Complainant in administering Tramadol, however the dog was difficult and had hypersalivation immediately after administration. Since the dog was not outwardly painful and the pet owner was not able to administer the medication, Dr. Patel recommended not giving the Tramadol.

9. With respect to the dog's anorexia, Dr. Patel recommended a Vitamin B Complex injection in hopes to stimulate the dog's appetite and provide some energy to the dog. Additionally, Dr. Patel advised trying canned i/d diet that evening. She recommended a urinalysis to determine if glucosuria or ketonuria was present; Complainant declined. Dr. Patel warned the dog could continue to get worse which would require hospitalization and diagnostics. Complainant understood and the dog was discharged.

10. On April 9, 2020, the dog was presented to Dr. Patel as a drop-off as the dog was reported doing worse. Blood and urine was collected; an IV catheter was placed and fluids with B vitamin were administered to the dog. Blood work revealed the dog had hypochloridemia, mild hypocalcemia, hyperglycemia, hyperglobulinemia, increased ALP, and hypercholesterolemia. The urinalysis indicated a urinary tract infection, keturia, and glucosuria. The dog was dull and depressed and had diarrhea multiple times throughout the day. The dog refused to eat, was started on injectable antibiotics and insulin. Complainant declined abdominal radiographs. When Complainant arrived to pick up the dog, Dr. Patel spoke in depth about the dog's condition, prognosis and her concerns. She highly recommended the dog be transferred to an emergency facility for overnight fluid therapy. Complainant understood and elected to return the following day for continued hospitalization.

11. On April 10, 2020, the dog was presented to Dr. Patel's associate, Dr. Butler, for ongoing anorexia and diarrhea, suspected secondary to diabetes mellitus and pancreatitis. Dr. Butler evaluated the dog and recommended referral to an emergency facility for proper control of blood sugar and parenteral nutrition; Complainant declined. The dog was admitted for therapy for the day – she was quiet but alert, mobile, and hydrated but had ongoing intermittent bouts of diarrhea. The dog was hypersalivating and suspected of being nauseous despite administration of Cerenia.

12. The dog was started on IV fluids and metoclopramide to help with nausea. The dog was force fed small amounts of a bland diet and insulin was administered. The dog was walked frequently, passed large amounts of urine and had multiple bouts of diarrhea. It was difficult to administer the dog oral metronidazole. When Complainant arrived to pick up the dog, Dr. Butler expressed concerns with the limited hospitalization controlling the dog's signs. He again recommended referral to a 24 hour facility to deliver the best positive outcome. Complainant

declined again stating she would not be able to visit the dog due to the pandemic and preferred to monitor the dog at home, if no progress was seen, she would consider referral.

13. Complainant later reported that the dog died at home.

### **COMMITTEE DISCUSSION:**

The Committee wanted to address Complainant's concerns with respect to Tramadol, Cerenia and pyrantal being dispensed/administered as well as the diet and DEA requirements. The Committee discussed that Tramadol is dispensed to dogs with pancreatitis as pancreatitis is known to be painful. A veterinarian's DEA registration number is not required to be placed on a prescription label for controlled substances that are dispensed from the premises. Additionally, the Cerenia was dispensed to address the dog's nausea and vomiting.

The Committee discussed that the medications dispensed were the standard of care for treating pancreatitis. With respect to the pyrantal being administered, it is not harmful to the dog and it would cover pet owner non-compliance if Tri-Heart was not given timely or the pet spit out the medication. Furthermore, the diet recommended for the dog was appropriate and used for pets that have diabetes.

The Committee further discussed there was a communication breakdown - other veterinarians treated the dog subsequently.

Respondent's recommendations were appropriate for the dog's condition and the medications have a viable explanation that made sense; the care provided was appropriate. It was unfortunate that the dog passed away, however, dogs diagnosed with diabetes mellitus that go untreated become ketoacidotic and do not live very long. Complainant declined the treatment for the dog. Complainant did seek a second opinion.

Committee did express concern that the dog began to decline and Complainant did not seek treatment for the dog. It was clear the dog was sick and getting worse.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 4 to 0.

*The information contained in this report was obtained from the case file, which includes the*

complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

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Tracy A. Riendeau, CVT  
Investigative Division